

EXHIBIT 3

CLOC REPORTING FORM

COMMODITY NAME: _____

DISTRICT NAME: _____

CLOC NO.: ____ - ____ - ____ - ____

CLOC PURCHASE PERIOD: __/__/__/ THROUGH __/__/__/

I CERTIFY THAT THE PRODUCTS CLAIMED BELOW ARE, TO THE BEST OF MY KNOWLEDGE, OF DOMESTIC ORIGIN AND WERE ORDERED DURING THE PURCHASE PERIOD, SPECIFIED ABOVE.

DISTRICT REPRESENTATIVE:_____ **DATE:**_____

1. PRODUCT DESCRIPTION				
2. VENDOR				
3. MONTH/YEAR OF ORDER				
4. TOTAL COST				
5. PERCENTAGE CREDIT				
6. TOTAL CLAIMED (4X5)				

APPROVAL	YES	NO	YES	NO	YES	NO	YES	NO
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5. PERCENTAGE CREDIT				
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APPROVAL		YES	NO		YES	NO		YES	NO		YES	NO
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REVIEWED BY: _____

DATE REVIEWED: _____